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			— <u>I</u>	1.	PLACE OF DEATH	v+ 2 1502-			2. USUAL RESID	ENCE (Where decease	sed lived. If ins	stitution: R	esidence be
ا ۾					a. COUNTY	non			a. STATE	No b. cou	NTY Ceda	-	admission
ᄩ					,	rporate limits, give TOW	(NSHIP only)	Length of stay in 1b		10	<u></u>	1	Inside Lim
					OR A		1101111 011177		حست دات				Y. SAFER
AMENDED						aua		YM 112		henniga -			103-1-140
					c. FULL NAME OF (If	NOT in hospital, give lo	cation)	Inside Limits	d. STREET ADDRESS	(If c	utside, give locati	ion)	Reside on F
) DATE	1 1				INSTITUTION ST	we idospital	#3	Yes 🕱 No 🗍	ADDRESS	none			Yes CHA
- <u> à</u>									11				
-		1 1		Э.	NAME OF DECEASED	Eirst		Middle	Last	4. DATE	Month	Day	Year
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ç ا						ng life, exen if retired)	1 1	11.	+olk C	Mo	i	LRA	
5		1		12-	. FATHER'S NAME_	wite	1 125	MOTHER'S MAIDEN NA	ME.	1 14 NA	ME OF HUSBAND	OR WIFE	
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		1 1	z	- 1	18. CAUSE OF DEATH PART I.	DEATH WAS CAUSED E	BY:	. ,,				ON:	SEI AND DI
ا يراج			Z Z		PART I.		· · ·		mould			5 CN	days
			UMEN		PART I.	DEATH WAS CAUSED E	· · ·	inche preu	Lmould			5 5	days
AD OF			OCUMEN			IMMEDIATE CAUSE	(a) Dn	inche prev	^	•••••)rr	5 ·	days
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SINI			DOCUMEN	7	Conditio which go above c stating t lying co	ons, if any, lave rise to cause (a), the under-lause last. DUE TO	(a) Dn (b) Arteri	osclentic	Cordiora	-		5 un	days
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INST			DOCUMÊN		Condition which go above to stating it lying to PART II. 19. WAS AUTOPSY PERFORMED? YES NO PORT NO PO	ons, if any, lave rise to cause (s), the under-tause last. OTHER SIGNIFICANT disease condition give	(a) Dra	contributing to DEA	Cardiera ATH but not related Senile C	to the terminal	PART III. If dithere	eceased was pregnances	vas female; y in last 9
SILINST			DOCUMEN	MEDICAL CERTIFICATION	Condition which go above to stating to lying the part II. PART II. 19. WAS AUTOPSY PERFORMED? YES NO DESTRUCTION NO DESTRUCT	ons, if any, lave rise to cause (a), the under-lave last. DUE TO	(a) Dn (b) Arteri CONDITIONS (n in PART I (a)	CONTRIBUTING TO DEA	ATH but not related Senile Cow INJURY OCCURR	to the terminal	PART III. If dithere	eceased wa pregnances Nor PART III co	vas female; y in last 9 o Ur of item 18.)
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READ AMENDMENTS ON THIS INST			DOCUMÊN		Condition which go above of stating the stating of	IMMEDIATE CAUSE ons, if any, lave rise to cause (a), the under-rause isst. OTHER SIGNIFICANT disease condition one Month, Day, Year ED 20e. PLAI farm WORK 1	(a) Draw (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CONTRIBUTING TO DEA CONTRIBUT	ATH but not related Senile C OW INJURY OCCURR 20f. CITY, TOWN, 11 the date stated above	to the terminal AWO'ES ED. (Enternature of the control of the co	PART III. If dithere Ye njury in PART I o	eceased va pregnances Nor PART III community	vas female y in last 90 Ur of item 18.)
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READ AMENDMENTS ON THIS INST			OF	MEDICAL	Condition which go above to stating a string to stating the string	IMMEDIATE CAUSE ons, if any, lave rise to cause (a), the under-lause last. OTHER SIGNIFICANT disease condition give Month, Day, Year ED 20e. PLAI WORK Ceased from (D	(a) Draw (b) Arterion (c) (c) CONDITIONS (n in PART I (a) IIDE HOMICIE (n, factory, street, property of the control (n)	CONTRIBUTING TO DEA ASSOC C 20b. DESCRIBE H (e.g., in or about home, office bldg., etc.)	ATH but not related Seni/e Cow INJURY OCCURR 20f. CITY, TOWN, the date stated above	to the terminal AWO'ES ED. (Enternature of the control of the co	PART III. If dishere Tree on 19 - 2 on 19 - 2	eceased va pregnances Nor PART III committee cau	ves female y in last 9 o Ur of item 18.)
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SHOULD READ INST				WEDICAL WEDICAL	Condition which go above to stating the stating that the stating that the state of	IMMEDIATE CAUSE ons, if any, lave rise to cause (a), the under-lause last. OTHER SIGNIFICANT disease condition give Month, Day, Year ED	(a) Drain (b) Ce (c) CONDITIONS (n in PART I (a) IDE HOMICID (n, factory, street, page of the page of	CONTRIBUTING TO DEA CONTRIBUT	ATH but not related Seni/e C OW INJURY OCCURR 20f. CITY, TOWN, 1 the date stated above 22b, ADDRESS REMATORY	DR LOCATION and to the best of 23d. LOCATION (C	PART III. If dithere Ye njury in PART I o	eceased va a pregnance is No.	ves female y in last 90 Un of item 18.) STA

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STATEMENT BY LICENSED EMBALME

I hereb	by certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
-^or~by	E TO SOME THE WAY	* Student Embalmer No
working under	my personal supervision.	
Student	Signature of Student Embalmer	Signed John G. Cantle
	Fr. was	Licensed Embalmer No. #387
		P. O. Address Strepton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

radice is a spirit